

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**FILED**

97 JAN -8 PM 4: 26

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # S01920**

GOLD FLORIDA CORP  
c/o LUIZ E. GOZZOLI  
1221 BRICKELL AVENUE  
MIAMI, FLORIDA 33131

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: **SECRETARY OF STATE  
TALLAHASSEE FLORIDA**  
2 South Biscayne Blvd., Suite 3400  
City and State: **Miami, Florida** Zip Code: **33131-1897**

3. If Principle Office Address is different from mailing address, enter address below: **Same**

**REINSTATEMENT**

*above*

4. Date Incorporated or Qualified To Do Business in Florida  
9/25/90

5. FEI Number  
65-0243282

FEI Number Applied For  
FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**  
CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Yamara Costa L.J. Vilela	Alameda Santos 1787 90	Sao Paulo, SP Brazil
S	Dania Medina	Two South Biscayne Blvd, Ste. 3400, Miami, Florida	33131

200002052202-3  
-01/09/97--01039-003  
\*\*\*\*375.00 \*\*\*\*375.00

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

The Prentice Hall Corporation System, Inc.  
1201 Hays Street, Suite 105  
Tallahassee, Florida 32301

9. If changed, new registered agent / office  
Name

Valdes-Fauli Corporate Services, Inc.  
Street Address (Do NOT Use P.O. Box Number)  
2 South Biscayne Blvd, Suite 3400  
Street Address (Do NOT Use P.O. Box Number)

City: **Miami** State: **FL** Zip: **33131**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]*  
REGISTERED AGENT MUST SIGN

Date: **12/20/96**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director: *[Signature]*  
Typed or printed name of signing officer or director: **DANIA MEDINA, Secretary**

Date: **12/20/96** Daytime Phone #: **305-376-6032**